

Receipt # \_\_\_\_\_

☐ Cash ☐ Check ☐ Charge

☐ \$433 (100%) ☐ \$458 (80%) ☐ \$483 (NR)

## 201\_ SOFTBALL LEAGUE REGISTRATION FORM

☐ WINTER ☐ SUMMER ☐ FALL

Team Name: \_\_\_\_\_

Team Manager: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

If paying by credit card (Visa/MasterCard): Credit Card Number (only if card is not present) \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Team Status	Slow Pitch	Fast Pitch	Coed
<input type="checkbox"/> New Team	<input type="checkbox"/> Men's – Tuesday	<input type="checkbox"/> Men's – Wednesday	<input type="checkbox"/> Open – Sunday
<input type="checkbox"/> Returning Team	<input type="checkbox"/> Men's – Thursday	<input type="checkbox"/> Modified – Friday (Summer and Fall)	<input type="checkbox"/> Corporate – Monday
<input type="checkbox"/> Winter	<input type="checkbox"/> Church – Friday (Summer only)	<input type="checkbox"/> Women's – Sunday (Summer and Fall)	
<input type="checkbox"/> Summer			
<input type="checkbox"/> Fall			
Team Name			
_____			

### TEAM EVALUATION

Please rate your team to assist in team placement.

Competitive attitude: VERY COMPETITIVE COMPETITIVE RECREATIONAL

Overall Team Rating: A B C D E F

Please check **all** available game times:

Slow Pitch & Corp. Coed ☐ 6:30-7:45 ☐ 7:45-9:00 Women's Fast ☐ 1:00-4:30 ☐ 4:30-8:00 Open Coed ☐ 1:00-4:45 ☐ 3:30-7:15

Notes: \_\_\_\_\_

Team Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Registration will be taken on a first come basis. No spots are reserved for returning teams**

### REGISTRATION CHECKLIST

☐ Registration Form ☐ Team Roster ☐ Hold Harmless ☐ League Fees ☐ Player Verification